

Welcome to MSJC Student Health Center! You're viewing a three-page document that includes five (5) different sections. They are: 1. HIPAA Compliance Consent, 2. Telehealth Consent, 3. Medical Services Agreement, 4. Mental Health Consent, and 5. Patient Rights and Responsibilities. These five sections have been merged into this single document for your convenience, allowing you to sign and date once on page 3. If you wish to receive the 5 sections in separate forms, let us know and we will provide that for you. Please read this form carefully in its entirety. Your signature on page three (3) indicates that you have read and agree to all the terms and conditions put forth in all sections presented here.

## 1. HIPAA COMPLIANCE CONSENT

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent. The terms of the notice may change; if so, you will be notified at your next visit to update your signature/date. You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations. By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive not be retroactive.

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